

**SAMPLE NOTIFICATION LETTER
EXPIRATION of TEMPORARY MEAL BENEFITS**

Date:

Dear _____:

Please be advised that the temporary approval for free or reduced-price meals for your child(ren) will end on (specify date). After this date your child(ren) must pay \$_____ for lunch and/or \$_____ for breakfast. If you wish to reapply, you must complete and return the enclosed application.

If you have any questions about your child(ren)'s eligibility for free or reduced-price meals, you may call or write the following official:

Name: _____

Agency: _____

Address: _____

City, State, Zip _____

Phone: _____

You may reapply for meal benefits at any time during the school year if you feel that a change in circumstances, such as a decrease in household income, an increase in household size, or the household receiving Food Stamp, CalWORKs, KinGAP, or FDPIR benefits, may make your child(ren) eligible for Free or Reduced-Price meals. You may reapply at anytime during the school year.

Sincerely,

Enclosure

This institution is an equal opportunity employer.